



Patent
Attorney's Docket No. 026575-060

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of)
)
Noriyuki ICHIKAWA et al.) Group Art Unit: 3765
)
Application No.: 09/717,236) Examiner: A. Hoey
)
Filed: November 22, 2000) Confirmation No.: 1452
)
For: CATHETER AND METHOD FOR)
MANUFACTURING THE SAME)

AMENDMENT/REPLY TRANSMITTAL LETTER

Assistant Commissioner for Patents
Washington, D.C. 20231

RECEIVED
DEC - 9 2002
TECHNOLOGY CENTER R3700

Sir:

Enclosed is a reply for the above-identified patent application.

- ☐ A Petition for Extension of Time is also enclosed.
- ☐ A Terminal Disclaimer and a check for ☐ \$55.00 (2814) ☐ \$110.00 (1814) to cover the requisite Government fee are also enclosed.
- ☐ Also enclosed is _____.
- ☐ Small entity status is hereby claimed.
- ☐ Applicant(s) request continued examination under 37 C.F.R. § 1.114 and enclose the ☐ \$370.00 (2801) ☐ \$740.00 (1801) fee due under 37 C.F.R. § 1.17(e).
- ☐ Applicant(s) previously submitted _____, on _____, for which continued examination is requested.
- ☐ Applicant(s) request suspension of action by the Office until at least _____, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.17(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.
- ☐ A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (1809/2809) is also enclosed.
- ☒ No additional claim fee is required.
- ☐ An additional claim fee is required, and is calculated as shown below:

04/21/2003 VDOUGLAS 00000302 02 RCE. \$01717236
01 FC:1252 410.00 CH

AMENDED CLAIMS					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims	9	MINUS 20 =	0	× \$18.00 (1202) =	0.00
Independent Claims	2	MINUS 3 =	0	× \$84.00 (1201) =	0.00
If Amendment adds multiple dependent claims, add \$280.00 (1203)					0.00
Total Amendment Fee					0.00
If small entity status is claimed, subtract 50% of Total Amendment Fee					0.00
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					0.00

☐ A claim fee in the amount of \$_____ is enclosed.

☐ Charge \$_____ to Deposit Account No. 02-4800.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

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